REMARKS

A. 35 U.S.C. § 112, Second Paragraph

In the Office Action mailed on May 18, 2007 (hereinafter "the Office Action"), claims 2-11, 13-22 and 24-33 were rejected under 35 U.S.C. § 112, second paragraph, for being indefinite in meaning. In particular, claims 4 and 15 were rejected for failing to have proper antecedent basis for "the payment of a line item." In view of the cancellation of "the" in the phrase, the rejection has been overcome and should be withdrawn.

Claim 26 was rejected for failing to have proper antecedent basis for "the selection of a payment type." In view of the cancellation of "the" in the phrase, the rejection has been overcome and should be withdrawn.

Note that claims 2-4, 8-11, 14, 15, 19-22, 24-26 and 30-33 have been amended to delete the phrase "at least one" in order to clarify Applicants' invention. Since the deletions do not change the intended meaning or scope of the claims, the amendments are not being made for reasons related to patentability as defined in *Festo Corporation v. Shoketsu Kinzoku Kogyo Kabushiki Co., Ltd*, 234 F.3d 558, 56 USPQ2d 1865 (Fed. Cir. 2000) (*en banc*), *overruled in part*, 535 U.S. 722 (2002).

Claims 3, 14 and 25 have been amended to use proper Markush-type language.

Since the amendments do not change the intended meaning or scope of the claims, the amendments are not being made for reasons related to patentability as defined in *Festo*.

Claims 4, 15 and 26 have been amended to replace "evaluation" with "evaluating" in order to correct an obvious typographical error. Since the amendments do not change the intended meaning or scope of the claims, the amendments are not being made for reasons related to patentability as defined in *Festo*.

B. 35 U.S.C. § 103

1. Claims 3-6, 8-12, 14-17, 19-23, 25-28 and 30-33

Claims 3-6, 8-12, 14-17, 19-23, 25-28 and 30-33 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Peterson et al., U.S. Patent No. 6,343,271, and Borghesi et al., U.S. Patent No. 5,950,169. Applicants traverse the rejection. In particular, independent claims 4, 15 and 26 each recites "placing at least one order for at least one line item from the insurance server to a vendor." The Examiner at page 4 of the Office Action asserts that the following passage in Peterson et al. discloses the recited "placing."

> Once an insurance claim has been adjudicated and approved, whether automatically or manually, a payment system 24 initiates a transfer of funds to the health care provider in response to the adjudicated insurance claim. In

certain embodiments of the invention, the health care provider may access information regarding the adjudication status or the payment status of a submitted claim using payment tracking system 26. The function and structure of benefits system 20, automated adjudication system 22, payment system 24, and payment tracking system 26, and the manner in which these systems interact may be further understood by referring to FIGS. 2-9.

The communications infrastructure whereby health care providers, patients, and others may access benefits information from the claims processing systems is illustrated in FIG. 2. Benefits system 20, which may include a central processor or a network server, is linked to patient and patient health benefits information contained in a benefits database 28. The information included in benefits database 28 may represent, for each participating patient, the contractual and insurance obligations between the patient, the insurers, and the participating health care providers. Such information may include, for example, the treatment covered by the patient's selected insurance plan, co-payments or other portions of medical expenses to be paid by the patient, running totals of periodic health care expenses actually paid by the patient, and the like. The periodic running totals of health care expenses paid by the patient may be provided, for example, because many insurance plans specify payment caps or the maximum amount that is to be paid by the patient as their portion of health care expenses during a calendar year or another period of time. Furthermore, any other patient or patient health care benefit information, such as medical history, persons to be contacted in case of emergency, and the like, may be contained in benefits database 28 as desired or needed. Accordingly, the combination of benefits system

> 20 and benefits database 28 represents one example of means for storing health benefit information. (Col. 7, ll. 5-42).

A review of the above passage and the remaining portions of Peterson et al. reveals that Peterson et al. does not disclose or suggest placing an order for a line item of an insurance claim from an insurance server to a vendor. Borghesi et al. also fails to disclose or suggest the recited "placing." Since there is no reason in Borghesi et al. or other sources to alter Peterson et al. to place an order for a line item from an insurance server to a vendor, the rejection is improper.

For the above reasons, the rejections of claims 4, 15 and 26 are improper and should be withdrawn. Claims 3, 5, 6, 8-12, 14, 16, 17, 19-23, 25, 27, 28 and 30-33 depend directly or indirectly on claims 4, 15 and 26, respectively, and so their rejections should be withdrawn for the same reasons stated above with respect to claims 4, 15 and 26.

2. <u>Claims 2, 13 and 24</u>

Claims 2, 13 and 24 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Peterson et al. and Borghesi et al. Applicants traverse the rejection for several reasons. First, claims 2, 13 and 24 depend directly on claims 4, 15

and 26, respectively, and so are patentable over Peterson et al. and Borghesi et al. for at least the same reasons given above in Section B.1 at pages 12-14 as to why claims 4, 15 and 26 are patentable over the references.

The rejection is improper for the additional reason that there is no reason in Peterson et al., Borghesi et al. or other sources to alter Peterson et al. to provide "a client with an item tree of line item level data based on the line level and aggregating line item level data collected from the claimant" as recited in claims 2, 13 and 24. The Examiner at page 4 of the Office Action asserts that the passage at column 11, lines 34-52 of Peterson et al. discloses the recited providing of an item tree and aggregating line item level data. However, the passage and the remaining portions of Peterson et al. are silent as to providing an item tree and aggregating line item level data. Since Borghesi et al. is also silent as to altering Peterson et al. to provide an item tree and aggregate line item level data in the manner recited in the claims, the rejection is improper.

3. Claims 7, 18 and 29

Claims 7, 18 and 29 were rejected in the Office Action under 35 U.S.C. §103 as being obvious in view of Peterson et al. and Borghesi et al. Applicants traverse the rejection for several reasons. First, claims 7, 18 and 29 depend directly on claims 4, 15

and 26, respectively, and so are patentable over Peterson et al. and Borghesi et al. for at least the same reasons given above in Section B.1. at pages 12-14 as to why claims 4, 15 and 26 are patentable over the references.

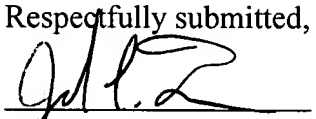
The rejection is improper for the additional reason that there is no reason in either Peterson et al., Borghesi et al. or other sources to upgrade a vendor to a preferred vendor in the vendor database as recited in claims 7, 18 and 29. The Examiner at page Office Action has conceded that Peterson et al. does not disclose such upgrading. In order to overcome the deficiencies of Peterson et al., the Examiner at page 6 of the Office Action asserts that a passage at column 14, lines 29-45 of Borghesi et al. suggests altering Peterson et al. to upgrade a vendor as recited in the claims. The passage merely mentions communicating with repair shops and salvage junk yards and updating their information. There is no mention in the passage or the remaining portions of Borghesi et al. to upgrade a vendor.

Since Borghesi et al. and other sources do not provide a reason to alter Peterson et al. to upgrade a vendor to a preferred vendor in a vendor database, the rejection is improper and should be withdrawn.

CONCLUSION

In view of the arguments above, Applicants respectfully submit that all of the pending claims 2-11, 13-22 and 24-33 are in condition for allowance and seek an early allowance thereof. If for any reason, the Examiner is unable to allow the application in the next Office Action and believes that an interview would be helpful to resolve any remaining issues, the Examiner is respectfully requested to contact the undersigned attorney at (312) 321-4200.

Respectfully submitted,



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